

HEALTH AND LONG TERM CARE ROLE MATRIX

Legend:	HEd = Higher Ed	Bus = Private Business
SG = State Government	CC = Community College	PA = Professional Association
RG = Regional Government	AEd = Adult Education	NP = Non-Profit
LG = Local Government	Fn = Foundation	CBO = Community Based Organization

ROLES:	SG	RG	LG	HEd	CC	AEd	NP	CBO	Fn	PA	Bus
HEALTH and LONG TERM CARE RECOMMENDATION:											
BASIC HEALTH CARE											
<u>1. Substantially Increase Access to Health Care - Support Universal Health Discussions</u>											
a. Support universal health discussions to define what constitutes basic acceptable coverage. Coverage must be affordable and offer a sliding scale based on income.	X										X
b. Explore adding a chronic care management reimbursement to health insurance, so that healthcare providers will have an incentive to provide chronic care management.	X										
c. Maintain Current Levels of Health Care Insurance	X										
1) Subject to availability of resources, seek to maintain current levels of health care insurance while seeking to extend coverage to the uninsured.	X										

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HEALTH and LONG TERM CARE RECOMMENDATION:											
2) Increase available preventative services and chronic disease self-management programs including current coverage by health insurance carriers.	X		X				X		X		
d. Expand Access to Preventative and Primary Health Care in Rural Areas, including access to specialty providers.	X		X				X		X		
1) Expand ways to deliver quality health care throughout rural California, including increased use of telemedicine, physician assistants, nurse practitioners, mid-level practitioners, public health nurses and physical therapists.	X	X	X				X	X	X		
e. Expand Access to Information. Inform seniors how to get access to health care if they don't have health care insurance	X	X	X				X	X	X		
<u>2. Encourage Collaboration Between the Disabled and Senior Communities</u>											
a. Organizations advocating for older adults and persons with disabilities should work more closely together and engage in dialogue to foster mutual respect and an understanding of both perspectives. This collaboration should span the entire health care continuum from basic health care, to mental health care to long term care.	X		X	X			X	X	X	X	X

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HEALTH and LONG TERM CARE RECOMMENDATION:											
<u>3. Ensure Transportation Access to Health Care Facilities</u>											
a. Access to health and long term care facilities by public transportation should be a criteria for program and/or facility siting, location and funding. The costs of client transportation to the client, the service organization and affected agencies must be considered in the location analysis.	X	X	X				X	X			X
CULTURAL AND ETHNIC DISPARITIES											
<u>1. Develop new approaches to enhance access to health and social services and move subpopulations into the mainstream.</u>	X		X				X	X	X	X	X
a. To increase access to health and human services train health and social service professionals and paraprofessionals to be multi-lingual.				X	X	X		X	X		X
b. Develop training for health and social service professionals and paraprofessionals that explains the nuances, traditions, spiritual and cultural context and how these link to the health and social services. Consider the cultural context for information provided.	X	X	X	X	X	X	X	X	X	X	X
c. To ensure a large enough health and social services workforce, invest in diverse youth, e.g., tutoring, math/science/literacy programs and other educational supports.	X		X	X	X		X	X	X		

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HEALTH and LONG TERM CARE RECOMMENDATION:											
<u>2. Reduce risks that presage ill health by enlarging and clarifying the concept of the forces that affect health</u>											
a. Focus on the pathways and trajectory from root factors to poor health outcomes to provide a basis for effective action.	X		X	X			X	X	X	X	X
b. Reduce exposure to hazardous conditions in homes, workplaces and communities to reduce disproportionate risk exposure for people of color.	X	X	X				X	X	X		X
c. Recognize the context in which behavior takes place in order to create opportunities to change social and behavioral norm negatively affecting health.	X		X	X			X	X	X		
<u>3. Culturally Appropriate Outreach Campaigns</u>											
a. Fund, develop and implement culturally appropriate outreach campaigns to ensure all cultures have the full array of information, social/recreational activities, and prevention services, with an emphasis on preventing diseases that have a higher ethnic prevalence.	X								X		
b. Conduct an inventory of existing programs, and use their expertise to expand their reach or develop new programs.	X		X	X			X		X		

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HEALTH and LONG TERM CARE RECOMMENDATION:											
ORAL HEALTH CARE											
<u>1. Educate</u> a. Develop intergenerational programs that encourage seniors to educate children about achieving good health through healthy behaviors, healthy choices, and health management strategies.	X		X				X		X		
<u>2. Increase Participation</u> a. Subject to the availability of resources, create incentives to increase the number of dentists and other dental professionals participating in the state Denti-Cal program.	X			X			X		X		
<u>3. Home Dental Care</u> a. Identify and provide incentives for dentists and other dental health professionals to serve homebound and nursing home patients; subject to funding.	X										
b. Outfit mobile dental vans to offer free clinics.							X	X	X		
<u>4. Support Alternative Practice</u> a. Create more educational programs in CA to prepare Dental Hygienists for the Registered Dental Hygienist in Alternative Practice license.	X			X	X						

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HEALTH and LONG TERM CARE RECOMMENDATION:											
5. Form Coalitions a. Encourage Area Agencies on Aging, health programs such as the Preventive Health Care for the Aging, senior nutrition programs, senior centers, senior housing, and adult day care programs to form coalitions to provide and promote older adult oral health education and prevention programs.	X		X				X	X			
6. Provider Training a. Require training on Oral Health Care to care providers including family caregivers, administrators and staff of residential and nursing care facilities for older and disabled persons, particularly in assisting in oral health care for persons with dementia.	X							X			
7. Promote the Dental Coordinator Model a. Promote the use of Dental Coordinators who work with seniors on: oral health care promotion, establishing systems for screening and referral, and facilitating linkages between medical facilities and dental services.	X			X			X	X	X		

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HEALTH and LONG TERM CARE RECOMMENDATION:											
8. <u>Add Oral Health to Existing Programs</u> a. Encourage existing Older Adult Health Programs/ Centers to include more oral health screening and oral health education in their programs.	X		X				X	X			
9. <u>Fluoridation</u> a. Encourage continued efforts at fluoridation of water in California communities and education about the positive aspects of fluoridating local domestic water.	X										
10. <u>Increase Accessibility</u> a. Increase access to dental services and offices for the frail elderly and persons with disabilities. Access improvements should address mobility, communications and alternative print brochures.	X						X	X	X		X
ALCOHOL and MEDICATION MISUSE											
1. <u>Education – Group and Individual</u> a. Develop funding for alcohol and chemical dependency education and awareness campaigns targeted to seniors. Include screening and referral.	X		X				X		X		

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HEALTH and LONG TERM CARE RECOMMENDATION:											
1) Offer education, screening and referral programs in appropriate settings such as senior housing, senior centers, and other senior organizations. Also offer health fairs and Senior Awareness Day activities.	X		X				X		X		
<ul style="list-style-type: none"> Work with businesses, to give time to pharmacists to come to senior centers to teach about drug use and misuse. 			X				X		X		
<ul style="list-style-type: none"> Take care to offer programs in such a way as to not embarrass persons seeking information or treatment. For example one in a series of “brownbag” lunch presentations. 	X		X				X		X		
b. Providers of health and wellness services should to raise awareness among clients of the potential negative health consequences of alcohol use with their medications.	X						X	X	X		X
c. Utilize state licensure processes for treatment facilities to encourage facilities, programs and staffing that are consistent with the needs of older adults.											
2. Financing											
a. To the extent that they exist, eliminate age and socio-economic inequity for reimbursement for substance abuse treatment.	X						X				X

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HEALTH and LONG TERM CARE RECOMMENDATION:											
3. Direct Services											
a. Subject to available resources, enhance the California Department of Alcohol and Drug Programs ability to pursue program development for senior alcohol and drug recovery services as the demand for services to this population increases.	X										
b. Address depression and suicide in alcoholism programs for older adults.				X			X	X	X		
MENTAL HEALTH RECOMMENDATIONS											
1. Public Information Campaign to Combat Prejudice											
a. Subject to available resources, develop a campaign targeted to Older Adults to combat the prejudice associated with mental illness. Partner with the National Mental Health Association.							X	X	X		
2. Expand Efforts to Promote Mental Health and Prevent Mental Illness.							X		X	X	
a. Subject to the availability of resources, develop alternative funding for the expansion of community based promotion, prevention and recovery education and outreach programs for older adults with mental illness.	X								X		
b. Identify and incorporate mental health prevention programs considered to be “best practices”				X			X		X		X

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HEALTH and LONG TERM CARE RECOMMENDATION:											
c. Extend promotion and prevention programs to medical settings to reduce psychological distress, depression, and health complications among older adult patients, including preventing the onset of delirium.	X						X			X	X
d. Remove barriers to implementing mental health screening and intervention management in medical settings to prevent worsening of mental health that can lead to suicide or other negative outcomes. Subject to available resources:	X						X		X	X	X
1) Change or improve reimbursement for providers	X										
2) Fund pilot projects that include impact evaluations	X								X		
3) Remove barriers and identify best practices that in the long run provide for cost savings (both to the medical provider groups, to insurance carriers, and to life-benefit of the individual.)	X		X	X			X	X	X	X	X
4) Provide incentives to medical clinics that do quality assurance improvement projects.	X		X				X		X		X
e. Staff behavioral health professionals in primary care/ out-patient settings (i.e. become part of the on-site team).	X		X				X				X

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HEALTH and LONG TERM CARE RECOMMENDATION:											
3. Develop a Statewide Older Adults System of Mental Health Care											
a. A statewide system of MH care should be based on the CA Mental Health Directors Assn. <i>Older Adult System of Care Framework</i> ¹ that has been circulated throughout California. Recommended activities described in that document should be prioritized so that first funds are spent on most critical needs.	X										
1) Incorporate findings on best practices from the Older Adult System of Care Demonstration Project. These practices increase access to mental health services for older adults and improve the quality of services.	X									X	X
2) Every California county must have dedicated adult mental health programs with the uniform quality standards and program consistency.	X		X								
b. Local Comprehensive Plans should have an element on Psychiatric Emergency/Crisis Intervention.			X				X	X		X	

¹ California Mental Health Director's Association Position Paper on: *Older Adult System of Care Framework*, 2002.

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HEALTH and LONG TERM CARE RECOMMENDATION:											
1) The component should include emergency crisis intervention options for older adults who are exhibiting severe psychiatric and/or behavioral symptoms and/or dementia. The availability of these alternatives would potentially alleviate some emergency room visits, hospitalizations and inappropriate incarceration in jails.			X				X	X		X	
c. Subject to available resources, the California Department of Mental Health must enhance efforts to target services to the aging population, collect data on the provision of care, and evaluate the outcomes of service delivery.	X										
1) Incorporate findings on best practices from the Older Adult System of Care Demonstration Project. These practices increase access to mental health services for older adults and improve the quality of services.	X		X				X	X		X	X
2) Every California county must have dedicated adult mental health programs with the uniform quality standards and program consistency.			X								
4. <u>Depression and Suicide Prevention</u>											
a. Subject to available resources, expand and establish programs that increase public awareness and apply diagnostic screening for depression in seniors.	X		X				X	X	X	X	X

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HEALTH and LONG TERM CARE RECOMMENDATION:											
b. Promote and implement depression and suicide prevention strategies:	X		X				X				X
1) For nursing facility residents	X		X				X				X
2) For those living at home, including potentially suicidal couples	X		X				X				X
3) For people with dementia	X		X				X				X
c. Educate front-line workers (i.e. postal carriers, in-home support service providers) to look for warnings of potential suicide and to how to respond appropriately.					X	X	X	X		X	X
5. Training for First Responders											
a. Enhance training programs for all “first responders” (e.g., law enforcement, fire department, paramedics, clergy etc.) to include:			X	X	X						
1) Strategies for identifying, interacting, and making referrals of older adults who may be suicidal, suffering from depression, dementia and other mental health issues.			X	X	X						
2) Training around senior alcohol and chemical dependency issues.			X	X	X						
3) Periodic review and update of new law enforcement officer training courses on "Persons with Disabilities" to ensure current strategies are being taught.			X	X	X						

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HEALTH and LONG TERM CARE RECOMMENDATION:											
<u>6. Work to Improve Federal Medicare Policies</u> (See Federal Policy element)							X	X	X	X	X
<u>7. Facilitate Access to Mental Health Services in Underserved Areas</u>	X		X	X	X		X				X
a. Subject to available resources, provide incentives, including additional education, for existing professionals to specialize in geriatrics and/or gerontology.	X		X	X							
b. Consider adequate access to public transportation when locating services.	X		X								
CHRONIC HEALTH CARE DELIVERY											
<u>1. Comprehensive Care</u>											
a. Develop and expand comprehensive care models that treat the whole person by investing in health promotion, effective rehabilitation, and cost effective social and health care services and supports. Subject to the availability to resources develop financing methods that provide financial incentives for providers to use this approach.	X										
b. Integrate funding to enable treatment of conditions with both medical model (disease) treatment and social model (functional support) components; treat the whole person.	X										

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HEALTH and LONG TERM CARE RECOMMENDATION:											
2. Build Public-Private Coalitions											
a. Encourage coalitions between the appropriate state departments, the Medical Board, the California Medical Association, the California Association of Geriatric Medicine, the California Dental Association, the California Pharmacy Association and other stakeholder organizations to better meet the needs of older and disabled Californians.	X						X	X	X	X	
3. Chronic Health Self-Management											
a. Pilot new person-centered care models that empower older adults to better manage their own chronic health conditions.	X								X		
1) Important components in this effort include increasing health literacy, an improved understanding of the individual's health condition, informed choice of treatment options and information on how and when to seek medical assistance.	X		X		X	X	X	X	X		X
2) Pilot new care models in which providers offer chronic care management to individuals, particularly those with dementia, who are incapable of managing their own chronic health conditions, and need that assistance.	X								X		

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HEALTH and LONG TERM CARE RECOMMENDATION:											
<u>4. Fund and conduct research in the following areas:</u>											
a. Improving culturally appropriate assessment and diagnostic protocols, particularly for addressing the need for culturally appropriate assessments.	X			X							
b. Developing new treatment modalities and medications that slow disease progression, improve treatment of symptoms, and/or reverse the course of disease.	X			X							
c. Coordinate efforts to obtain better data on the disability rates associated with chronic conditions by race, ethnicity and age group.	X			X							
d. Develop specific new approaches for addressing racial and ethnic chronic health disparities across sub-populations of aging Californians.	X			X							
PALLIATIVE AND END OF LIFE CARE											
<u>1. Expand public-private partnerships to support the education and training of health and social service professionals in the specialty of palliative care.</u>	X						X	X	X		
a. Create a cadre of academic faculty trained in the principles of palliative care at all of the state's medical schools and teaching hospitals and schools for related medical professionals (e.g., social workers, nurses, etc.).				X							

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HEALTH and LONG TERM CARE RECOMMENDATION:											
1) This training curriculum must address multicultural issues as they relate to palliative and end-of-life care since the experience of illness and death is profoundly affected by cultural background.				X							
2) This training curriculum should address non-cancer diagnoses, persons with dementia, and working with caregivers as it relates to palliative care.				X							
b. Develop quality of care protocols and indicators for palliative and end-of-life care, including pain management that is not necessarily limited to the end-of-life timeframe.	X			X			X		X		
c. Support the efforts of statewide coalitions, such as Californians for Compassionate Care Consortium, seeking to educate the public and health care providers on the purpose and value of hospice care.	X		X	X	X	X	X	X	X	X	X
2. Restructure reimbursement systems for palliative care											
a. Realign reimbursement systems to cover individuals with certain chronic diagnoses that are not “terminal” but need palliative care (e.g., chronic obstructive pulmonary disorder).	X										

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HEALTH and LONG TERM CARE RECOMMENDATION:											
c. Reimbursement systems should consider the projected mortality rates for specific diseases and examine the “six month life expectancy” restriction on hospice reimbursement.	X										
LONG TERM CARE - GENERAL											
<u>1. Invest in preventive care and self-care approaches</u>											
Establish a goal of compressing morbidity and mortality among Californians as much as possible within the next 20 years.	X						X		X		
<u>2. Ensure that all long term care programs are consistent with the Olmstead Decision.</u>											
a. Balance programs and funding of institutional long term care with home and community based support services to enhance the opportunities for choice. Long term support must be responsive to individual consumer needs and choices.	X										
b. Facilitate a dialogue with stakeholder organizations representing both older adults and adults with disabilities to discuss coordination in the implementation of this Strategic Plan.											

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HEALTH and LONG TERM CARE RECOMMENDATION:											
3. <u>Eliminate Fragmentation - Design a Consumer-Focused, Seamless Service Delivery System</u>											
a. Appoint a “blue ribbon” think tank to develop an entirely new model long term support system.	X	X	X	X	X		X	X	X	X	X
b. Plan to implement a Care Navigation System that allows an individual to “go through any door” to get information and to access the long term care system. Utilize the existing CalCareNet system:	X	X	X				X	X	X		X
1) Integrate multiple funding streams and streamline eligibility criteria to allow seamless access to services and make it easy to move from one program to another.	X										
2) Break system fragmentation by facilitating consumer access to information and Services.	X		X					X			X
3) Provide assistance with assessment to determine the most appropriate and integrated care options.	X		X				X	X			X
4) Provide assistance in navigating the long term care services.	X	X	X				X	X	X		X
4. <u>Case Management</u>											
a. Subject to funding, establish the Geriatric Comprehensive Case Management Program for persons over 60 with more than one chronic condition. Components of the program should include:	X						X		X		

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HEALTH and LONG TERM CARE RECOMMENDATION:											
1) A continuum of integrated accessible service options	X		X					X			X
2) A nurse/social worker geriatric team as part of every primary health delivery system	X		X				X	X			X
3) Development of a care plan with the consumer that considers the person or caregiver's ability to follow the plan based on their mobility, cognitive status, mental health, medication management status, transportation and nutrition needs	X		X				X	X			X
4) Consideration of needs of family caregivers	X		X				X	X	X		X
5) Early diagnostic tests for Alzheimer's	X		X					X			X
5. Expand Community Service Capacity, Access to Care and Care Options											
a. Expand the continuum of community-based services inside and outside the home throughout the state including, but not limited to: care coordination/ navigation, home health, home aid, in-home supportive services (IHSS), independent living centers (ILC) and day care, including Adult Day Health Care (ADHC) and Alzheimer's Day Care Resource Centers (ADCRCs).	X		X				X	X			X
b. Expand public long term services to prevent unnecessary or inappropriate institutionalization.	X		X								X

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c. Ensure hours/access to services that are adequate to meet minimum individual needs as well as accommodate all persons needing services.		X	X				X	X			X
d. Expand reliable transportation services for the frail elderly.	X	X	X				X	X			X
e. Expand and improve coverage of personal care services outside of the home.	X		X				X	X			X
1) Extend options for personal care attendants in the workplace.	X							X			X
f. Expand consumer training on hiring and managing homecare workers.	X		X		X	X	X	X			
<u>6. Enhance Security/Safety</u>											
a. Expand Adult Protective Services in order to ensure protection of one of California's most vulnerable populations from theft, neglect and abuse.	X		X								
b. Improve worker screening to ensure clients aren't subjected to abuse and theft. Give consumers informed choice in the screening process to ensure consumer control.	X		X								
c. Provide long term care grievance processes and inform participants how to use the processes.	X		X								

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HEALTH and LONG TERM CARE RECOMMENDATION:											
7. Legal											
a. State standards should be established for county conservators so there is consistency in how they handle their responsibilities, particularly end-of-life decisions.	X										
b. Education campaigns should include the importance of having a durable power of attorney for health care.	X						X	X	X		
8. Build Quality into Long Term Support System											
a. Establish a quality assurance system for long term support services that is parallel to the quality assurance system in acute care. Funding could be tied to quality outcomes.	X								X		
b. Improve the oversight of long term support service providers to improve the general quality of long term care.	X		X								
c. Improve the quality of services inside and outside the home.	X		X	X	X		X	X			X
d. Improve the quality and stability of the long term support service workforce.	X		X	X	X						X

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HEALTH and LONG TERM CARE RECOMMENDATION:											
9. Stabilize Long Term Care Funding											
a. Develop a “Money Follows the Person” model to provide resources for individuals to live in the community rather than an institution. Seek opportunities to increase resources and funding options.	X										
b. Evaluate inequities in insurance and Medi-Cal reimbursement to providers.	X										
1) Subject to the availability of resources, increase reimbursement rates to a level that will ensure adequate wages for care workers and quality care.	X										
2) Subject to the availability of resources, allow drug coverage for treatment of Alzheimer’s and related disorders.	X										
c. Identify and remove the federal, state and local barriers that have delayed implementation of integrated long-term care programs throughout the state.	X										
d. Develop a co-pay or sliding scale rate structure to enable individuals not eligible for Medi-Cal to receive the full range of community services necessary to avoid institutionalization. This mechanism will ensure that services are available to all persons in need at all economic levels.	X										

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<u>10. Ensure Caregiver Support</u> (See Family Caregiving recommendations)	X		X								X
<u>11. Ensure Adequacy of Provider Training/Education</u>	X			X	X		X		X		
FAMILY AND INFORMAL CAREGIVING											
<u>1. A Family Centered Approach with Family Support</u>											
a. All state long term care policies and programs should have the explicit objective of a client or consumer centered approach with family support.	X										
b. Given the clear economic value of family support, expansion and better coordination of family-support programs is essential.	X						X	X			X
c. Implementation and evaluation of the Long Term Care Integration Pilot Program, Older Adult Systems of Care, Older Adults System of Mental Health Care, Golden Challenge Grants, and augmentations to other programs such as Adult Protective Services should include explicit consideration of how these programs can support the well-being, needs and capabilities of families, as well as individuals.	X		X								

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d. Leadership from local and state governments and collaboration and coordination among formal (paid) and informal (family/friends) networks, public and private entities is needed to develop a more effective system.	X	X	X				X	X	X	X	X
<u>2. Coordinate local and statewide caregiver programs</u>											
a. Subject to the availability of resources, ensure access to a full range of caregiver resources for every county in California with particular emphasis in the rural areas of the state.	X		X				X	X			X
b. Promote collaboration and cross-learning among the caregiver projects and organizations.	X		X				X	X			
<u>3. Assessment of caregiver needs and resources</u>											
a. Assessment of caregiver needs and resources should be an integral part of care planning and service delivery efforts in all programs serving older adults, especially those designed to serve persons requiring home and community-based care. For example: In Home Support Services (IHSS), Multipurpose Senior Services Program (MSSP), and Linkages) as well as physical health and mental health programs serving vulnerable individuals.	X		X				X	X			X

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<u>4. Provide appropriate caregiver education and training.</u>											
a. Education and training for family caregivers must include: training on interacting with physicians, training on specific care giving tasks, education about disease processes, problem-solving, self-care, stress, depression and coping techniques. These should be explicit components of programs serving elderly and disabled persons, health and mental health services, and caregiver-specific support programs.	X		X	X	X	X	X	X			
b. Culturally appropriate training must be expanded to ensure that courses are offered in different languages. Build on the success of existing culture specific programs to help community organizations without such programs.	X				X	X	X	X			
c. Training must be accessible with training available with American Sign Language (ASL) interpretation and materials/information available in alternative formats: Braille, Large Print, Computer Disk.	X				X	X	X	X			
<u>5. Ensure Caregiver Support</u>											
a. Medical standards of practice should be changed to ensure primary practitioners regard caregivers of the most vulnerable patients as patients themselves with ongoing needs.	X			X							

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b. Subject to the availability of resources, expand caregiver services/support in every county/region.	X		X	X			X	X			
c. Provide Additional Support for Vulnerable Caregivers.	X		X	X			X	X			
1) Intensive intervention efforts should be targeted to vulnerable caregivers, including those who are poor, socially isolated or who have health problems of their own. Intervention should also target those who experience high stress levels, and care for persons with problematic behaviors, dementia, or a high level of daily dependency.	X		X	X			X	X			
2) Interventions should include a combination of individual and family counseling, support and education, including problem-solving and behavior-management skills training, family counseling, disease-specific support groups and respite care.	X		X				X	X			
3) information specialists in existing systems should be trained to recognize care giving issues and refer caregivers to appropriate resources.	X		X				X	X			
4) Recruit and train home care providers for caregiver respite.	X		X		X	X		X			X

ROLES:	SG	RG	LG	HEd	CC	AEd	NP	CBO	Fn	PA	Bus
HEALTH and LONG TERM CARE RECOMMENDATION:											
6. <u>Establish an Integrated, Caregiver Information System as an Element of the Care Navigation System</u> (Also see the Infrastructure element)											
a. Develop an Integrated, Universal Caregiver Information system that includes:	X										
1) Profiles of Caregivers and Care Receivers, including local, regional, and statewide information regarding the characteristics and needs of a representative sample of caregivers	X										
2) Client specific data, service use and client satisfaction data from Caregiver Resource Centers.	X						X	X			
3) Public Service Area (PSA)-Based Client- Specific Data and Service Use Common Data Set, incorporating client-specific information on caregiver and care receiver characteristics with unduplicated counts of service utilization for caregiver support services	X						X	X			
4) PSA-Based Client Satisfaction Profile, including service satisfaction and client outcome information from a representative sample of clients using caregiver support services.	X						X	X			